	PATENT #			N FEE DE e Decemb	RD		09	/ (a	267	V (ON			
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ALL PE	ENTITY	OR	OTHER SMALL	
FC	)R		NUMBE	R FILED		NUMBER E	RA	TE	FEE	1	RATE	FEE	
ВА	ISIC FEE									345.00	OR		690.00
TO	TAL CLAIMS		<i>90</i> minus 20=			•		X\$	X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	/ minus 3 =			. /		ХЗ	X39=		OR	X78=	75
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			OR	TOTAL	768
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ALL	ENTITY	OR	OTHER SMALL	
ENT A		REM.	AIMS IAINING FTER NDMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 7	19	Minus ••		29	= /	X\$	9=		ÓR	X\$18=	
AME	Independent	AITATIC	Y OF MI	Minus		DENT CLAIM	]= /	X39=			OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									0=		OR	+260=	
									DTAL		OR	TOTAL ADDIT. FEE	-/
			umn 1)			Column 2)	(Column 3)	ADDIT.	FEC	<u> </u>	. i	ADDII. FELI	
AMENDMENT B		REM.	AIMS IAINING TER NOMENT		Pí	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	Ŀ		Minus	••		=	X\$	9=		OR	X\$18=	
AME	Independent	AITATIC	N OF M	Minus ***				X3:	9=		OR	X78 <u>-</u>	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									0=		OR	+260=	
									)TAL FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		REM/	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	·		Minus	••		=	X\$	9= ·	·	OR	X\$18=	
AME	Independent	•		Minus			=	X39			OR	X78=	
لثر	FIRST PRESE	NTATIO	N OF MU	ILTIPLE DEP	-								
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=	
** 1	If the "Highest Nur If the "Highest Nur	mber Pre	eviously Pa	iid For IN THIS	S SPA	ACE is less than	n 20, enter "20."	ADDIT.			OR ,	TOTAL ADDIT. FEE	
	The Highest Num							found in ti	ne app	propriate box	in col	umo 1.	

Application or Docket Number